

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

Civil Action No 00-1621
Misc. No.

KENNETH M ARONCKES and
SANDRA R ARONCKES

Defendants

AFFIDAVIT OF SERVICE UPON DEFENDANTS


Lori A. Gibson, Esquire, deposes and says that she is an Attorney with the Bernstein Law Firm, P.C., Private Counsel to United States of America for the Western District of Pennsylvania and counsel for plaintiff, United States of America, herein; and that a copy of the Notice of Sale was sent to the Defendants by Certified Mail on July 18, 2005 which was received by the Defendants on July 20, 2005 and July 27, 2005 as evidenced by copies of the Certified Mail Receipts attached hereto, at the following addresses:

Kenneth M. Aronckes
Box 5 Aroma
Aroma, PA 15617

Kenneth M Aronckes
5 Lentz Court
Irwin, PA 15617

Sandra R Aronckes
5 Lentz Court
Irwin, PA 15642

I hereby declare, under penalty of perjury, that the foregoing is true and correct
Executed on 8-17-05


LORI A. GIBSON, ESQUIRE
Attorney for Plaintiff
PA I.D #68013
Bernstein Law Firm, P.C.
Suite 2200 Gulf Tower
Pittsburgh, PA 15219
Phone: 412-456-8100
Bernstein File No RP001763

CAB

5175 ESTL E000 06ED 5002

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.71
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here

Sent To
Street, Apt or PO Box
City, State

KENNETH M ARONCKES
5 LENTZ COURT
IRWIN, PA 15642

PS Form 3800, June 2002

2045 ESTL E000 06ED 5002

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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Postmark Here

Sent To
Street, Apt or PO Box
City, State

KENNETH M ARONCKES
BOX 5 AROMA
AROMA, PA 15617

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

RPO01763 NKA

PS Form 3811, February 2004

KENNETH M ARONCKES
5 LENTZ COURT
IRWIN, PA 15642

- SENDER: COMPLETE THIS SECTION**
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kenneth M Aronckes

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

RPO01763 NKA

PS Form 3811, February 2004

KENNETH M ARONCKES
BOX 5 AROMA
AROMA, PA 15617

- SENDER: COMPLETE THIS SECTION**
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kenneth M Aronckes

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 0390 0003 7153 5426

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here

Sent To

Street, Apt. or PO Box 1 SANDRA R ARONCKES
 City, State, 5 LENTZ COURT
 IRWIN, PA 15642

PS Form 3800, June 2002 For Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Sandra Aronckes</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 7/27/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>SANDRA R ARONCKES 5 LENTZ COURT IRWIN, PA 15642</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article (Trans. 7005 0390 0003 7153 5426)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540